

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104577

1. Entity Name

R J ALLIANCE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90008 011 ***158.75

Principal Place of Business

Mailing Address

~~3430 GALT OCEAN DR STE 1111~~
~~FT LAUDERDALE FL 33308~~

~~3430 GALT OCEAN DR STE 1111~~
~~FT LAUDERDALE FL 33308~~

2. Principal Place of Business

3. Mailing Address

3100 NE 48th Street

3100 NE 48th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 917

SUITE 917

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33308

BROWARD

33308

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SAME PERSON - NEW ADDRESS:~~
 RANDEE J GOLDER PA
 1300 PARK OF COMMERCE BLVD STE 1111
 DELRAY BEACH FL 33445

10026 LEXINGTON
 CIRCLE NORTH
 BOYTON BEACH FL
 33436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME RUNCO, JAMIE
 STREET ADDRESS 3430 GALT OCEAN DR STE 1111
 CITY-ST-ZIP FT LAUDERDALE FL 33308

ADDRESS CHANGE

TITLE ☐ Delete
 NAME RUNCO, RICHARD
 STREET ADDRESS 3430 GALT OCEAN DR STE 1111
 CITY-ST-ZIP FT LAUDERDALE FL 33308

ADDRESS CHANGE

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] RICHARD A RUNCO 03-23-00 (954) 363-7674
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)